

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

RECEIVED

A Public Document

1. Agency Name

New Hope For Youth
Division, Department, or Region (If Applicable)

Date Stamp

2016 FEB 25 AM 11:00

California Form 802

For Official Use Only

Designated Agency Contact (Name, Title)

Ph.M.P. Rodriguez CEO

Area Code/Phone Number

408-854-9166

E-mail

Prodriguez@Newhopeforyouth.org

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐

Face Value of Each Ticket/Pass \$ 73

Event Description WWE
Provide Title/Explanation

Date(s) 2, 6, 2016

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐

If no: SAN JOSE ARENA AUTHORITY
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>New Hope For Youth</u>	<u>8</u>	<u>Youth Outreach</u>

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Ph.M.P. Rodriguez
Signature of Agency Head or Designee

Ph.M.P. Rodriguez
Print Name

CEO
Title

2/17/2016
(Month, Day, Year)

Comment: _____